

# TEAM TRAINING INFORMATION CARD



Parent or Legal Guardian should complete items one through seven. One information card must be completed for each participant.

<b>1. Child/Participant Information:</b>			
Child/Participant Name:			Date of Birth:
<b>2. Physical Description:</b>			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Height	Weight
<b>3. Parent/Legal Guardian Information:</b>			
Name:		Address:	
Home Phone #	E-mail Address:	Cell Phone/Alternate Phone #	
<b>5. Emergency Contact Information:</b>			
Emergency Contact Name:		Home Phone #	Cell Phone/Alternate #
<b>6. Medical Information:</b>			
Medical Insurance Company:		Policy Number	
Participants' Physician Name:		Phone Number:	
<b>7. Additional Child/Participant Information:</b>			
Allergies: (If no known allergies, please note N/A)			
Other Important Information:			

(For internal use only)  
**Behavioral Record**

Incident	Date	Brief Comments:	Parent/Guardian Initials
1			
2			
3			
4			